

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024868

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

162  
FILED JUN 20 1963

4251

65

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jefferson c</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kimswick</b>		c. CITY OR TOWN <b>Mehlville</b>	
Length of stay in lb <b>2 mo.</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Four Oaks Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>4651 Butler Hill Road</b>	
Inside Limits <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Ollie Krantz</b>		4. DATE OF DEATH Month <b>June</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/5/1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <b>Wm. Herrin</b>		11b. MOTHER'S MAIDEN NAME <b>unknown</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		12b. SOCIAL SECURITY NO.	
13a. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Breucuminal</b>		13b. NAME OF HUSBAND OR WIFE <b>Harry</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <b>Harry</b>	
DUE TO (b)		15. NAME OF HUSBAND OR WIFE <b>Harry</b>	
DUE TO (c)		16. NAME OF HUSBAND OR WIFE <b>Harry</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral Arterial Sclerosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour <b>11</b> a.m. <b>20</b> p.m.	Month, Day, Year <b>6/11/63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	
21. I attended the deceased from <b>3/1/63</b> to <b>6/12/63</b> and last saw her alive on <b>6/12/63</b> .		Death occurred at <b>6/12/63</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Charles Burnside MD</b>		22b. ADDRESS <b>206 W. Agnew Richmond</b>	
(Degree or title)		22c. DATE SIGNED <b>6/13/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6/15/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>	
24. FUNERAL DIRECTOR <b>Jos. P. Fendler</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-63</b>	
ADDRESS <b>7128 Michigan</b>		26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>	
27. LOCATION (City, town, or county) <b>St. Louis County</b>		(State)	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1963

Burnsville  
205 X Response  
Robert Bauer  
Baker Shop

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 7178 Mechever

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.